



Ohio

Department of Health

#960

929297 08-MAY '19

Office of Health Assurance and Licensing Nursing Home/Residential Care Facility Licensure Application

Submit Application to: Ohio Department of Health
Revenue Processing #3212
PO Box 15278
Columbus, Ohio 43215

ODH USE ONLY for New App

App #

1521N

OHL #

00176

1. Application Type <input type="radio"/> Initial <input checked="" type="radio"/> Change Of Operator	2. Projected opening date or effective date of change of operator 06/01/2019	3. Ohio Building Use Group <input type="radio"/> I-1 <input type="radio"/> I-2 <input type="radio"/> R-4
4. Licensure type <input checked="" type="radio"/> Nursing Home <input type="radio"/> Residential Care Facility	5. Capacity (# of Beds) 123	6. Operator Type <input checked="" type="radio"/> For Profit <input type="radio"/> Not For Profit
7. Building Information <input type="radio"/> New Construction <input checked="" type="radio"/> Existing Construction Converted	8. Nursing Home Only CON File Number(s)	
9. Expedited Survey (for Initial Application only) <input type="radio"/> Yes Requires additional fee of \$2,250.00 <input checked="" type="radio"/> No		

10. Facility Information

Facility Name (DBA) Ridgewood Acres Healthcare, LLC		
Previous facility name, if applicable		
Address 3558 Ridgewood Road		
City Akron	Zip 44333	County Summit
Facility phone # (216) 324-7044	Fax # (330) 665-3372	
Facility e-mail address chertanu@carecorehealth.com		
Administrator name Aaron Hetrick		NHA license #
Administrator's business address, if different from operator <input checked="" type="checkbox"/> Same as operator		
City	State	Zip



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11. Individual Operator

Operator's Name		
Address		
City	State	Zip

12. Business Operator – Association, Corporation, Limited Liability Company, Partnership

Operator's Business Name Ridgewood Acres Healthcare, LLC			
Address 3558 Ridgewood Road			
City Akron	State Ohio	Zip 44333	Phone # (216) 324-7044
Business activity type limited liability company	Charter/Registration # 4311396		Date incorporated 03/26/2019

13. Business Operator officers/members/partners

President	Member Joseph Hertanu	Partner
Vice President	Member	Partner
Secretary	Member	Partner
Treasurer	Member	Partner

14. Name of each person who has ownership interest of 5% or more in the Operator's business entity

Name Joseph Hertanu	Name
Name	Name
Name	Name
Name	Name

15. Statutory agent of the operator (As Registered with the Secretary of State)

Name of Statutory Agent of Operator L&M Statutory Agent, LLC			
Address 100 North Main Street			
City Chagrin Falls	State Ohio	Zip 44022	Phone # 216-635-0002



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16. If the Operator does not own the legal rights associated with the ownership and operation of the nursing home beds, enter the name of each person who has an ownership interest of 5 percent or more in the nursing home beds

☐ Not applicable

Name	Ridgewood Acres Realty, LLC	Name	Joseph Hertanu
Name		Name	
Name		Name	
Name		Name	

17. Statutory Agent of the owner of the legal rights associated with the ownership and operation of the nursing home beds

☐ Not applicable

Name of Statutory Agent of Owner of the Nursing Home Beds			
L&M Statutory Agent, LLC			
Address			
100 North Main Street			
City	State	Zip	Phone #
Chagrin Falls	Ohio	44022	216-635-0002

18. Does the operator own the building housing this long-term care facility? ☐ Yes ☒ No

If no, name of business entity that owns building and each person who has an ownership interest of 5 percent or more in the building and an address for building owner.

Business Entity Name			
Ridgewood Acres Realty, LLC			
Address		City	State
3588 Ridgewood Road		Akron	Ohio
		Zip	44333
Name	Joseph Hertanu		
Name			
Name			

19. Loan Information

Does Operator or Building Owner have a loan with the United States Housing and Urban Development (HUD) for this home?	
<input type="radio"/> Yes, Name of Entity with HUD Loan	<input checked="" type="radio"/> No

20. Management firm or business employed to manage this long-term care facility. ☐ Not applicable

Management firm/business name			
Carecore Health LLC			
Address			
1 Executive Blvd., Suite 203			
City	State	Zip	Phone #
Suffern	New York	10901	(845) 208-2204



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21. Name and address of any nursing home or any facility described in 3721.01(A)(1)(a) or (A)(1)(c) of the Revised Code in which the operator or administrator, or both, have an ownership interest of 5 percent or more or with which the operator (including owners of 5 percent or more in the Operator entity) or administrator have been affiliated with through ownership or employment in the five years prior to the date of the application.

Name	See Attached	Address
Name		Address
Name		Address
Name		Address

22. Additional Questions

Yes No

Have you or any partner, member or officer listed in this application been convicted of a felony or a crime of moral turpitude?	<input type="radio"/>	<input checked="" type="radio"/>
Are you or any member, partner or officer listed of this facility engaged in practices that could be construed as immoral?	<input type="radio"/>	<input checked="" type="radio"/>
Is there any reason why this facility will not be able to operate for the next 12 months?	<input type="radio"/>	<input checked="" type="radio"/>

If you or any partner or officer has answered "YES" to the questions above, please attach a separate document explaining.

23. SPECIALIZED CARE PROGRAM - Check what specialized care or services your facility provides: ☐ N / A

<input type="checkbox"/> Coma treatment	<input type="checkbox"/> Respirator or ventilator care	<input type="checkbox"/> Specialized Alzheimer's Disease
<input type="checkbox"/> Neurological injury program for young adults	<input type="checkbox"/> Traumatic brain injury program	<input type="checkbox"/> Deaf or hearing impaired
<input type="checkbox"/> Pediatric care	<input type="checkbox"/> Amyotrophic lateral sclerosis	<input type="checkbox"/> Adult day care program
<input type="checkbox"/> Dialysis services	<input type="checkbox"/> Hospice services	<input type="checkbox"/> Other:

ATTESTATION

I, the undersigned, attest that:

- Operator has sufficient capital or financial reserve to cover not less than four months' operation and is financially able to operate the home in accordance with Chapter 3721. of the Revised Code and the applicable rules of the Ohio Administrative Code;
- Home is staffed, equipped and furnished to provide humane, kind and adequate treatment and care; and
- Home is in compliance with applicable zoning ordinances and rules.

By affixing my signature immediately below, I acknowledge awareness:

- Of the provisions of the Revised Code that provide that any person who knowingly makes a false statement or knowingly swears or affirms the truth of a false statement previously made when the statement is made with purpose to secure the issuance by a government agency of a license is guilty of falsification, a misdemeanor of the first degree (section 2921.13(A)(5) and (D)) of the Revised Code. A misdemeanor of the first degree is punishable by fine and/or imprisonment as provided in section 2929.21 of the Revised Code.
- That failure to timely provide all of the required information to the Ohio Department of Health will delay the on-site licensing inspection and issuance of my license, or void my application as being incomplete.
- That I cannot operate the home or admit more than two residents until I have been determined to be in compliance with the applicable licensing law and rules and have received my license.



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I swear or affirm that the undersigned is:

- ☐ The operator, if the operator is an individual, or
- ☒ A duly authorized agent of the operator, if the operator is an association, partnership, limited liability company or corporation.

I further swear or affirm that the information provided herein, and any attachments hereto, have been prepared, or carefully reviewed, by me and constitute a truthful and correct disclosure of all information therein.

Name of undersigned: Joseph Hertanu

Title: Manager

Signature:

Date: 05/01/2019

Question 21

Name and address of nursing facilities in which administrator, operator or >5% ownership in Operator have been affiliated in last 5 years

Cedars of Lebanon Rehabilitation & Nursing Care	102 Silver Street Lebanon, Ohio 45036
Cedarview Rehabilitation & Nursing Care	115 Oregonia Lebanon, Ohio 45036
Harrison Pavilion Nursing & Rehabilitation Center	2171 Harrison Avenue Cincinnati, Ohio 45211
Lima Rehab and Nursing Center	599 S. Shawnee Lima, Ohio
Lakeridge Acres Nursing & Rehab	7220 Pippin Road Cincinnati, Ohio 45239
Montgomery Care Center	7777 Cooper Road Cincinnati, Ohio 45242
Ridgewood Acres Realty, LLC	3558 Ridgewood Road Fairlawn, Ohio 44333
Fairlawn Rehabilitation and Nursing Center	3558 Ridgewood Road Akron, Ohio 44313
Westmoreland Place	230 Cherry Street Chillicothe, Ohio 45044
Garden Park Healthcare Center	3536 Washington Avenue Cincinnati, Ohio
Carecore at the Meadows, LLC	11760 Pellston Court Cincinnati, Ohio
Willowood Care Center of Brunswick	1186 Hadcock Road Brunswick, Ohio



Scott R. Ebner, Esq.
sebner@OhioHealthLawyers.com

May 3, 2019

Charlene Valentine
Ohio Department of Health
246 North High Street
Columbus, Ohio 43215

Re: CHOP Licensure Applications
Lima Rehab and Nursing Center; License No: 1351N
Fairlawn Rehab and Nursing Center; License No. 1521N

Dear Ms. Valentine:

Please find enclosed the CHOP Nursing Home applications for the above-referenced facilities, as well as checks in the amount of \$640 and \$960. The remainder of the documents will be sent to you under separate cover.

Please direct all correspondence related to these CHOP applications to my attention.

Very truly yours,

L'HOMMEDIU & MCGRIEVY, LLC

Scott R. Ebner